



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

Veldhuis et al.

**Serial No.:** 10/678,957

**Filed:** October 3, 2003

**For:** AT LEAST PARTIAL PREVENTION  
AND/OR REDUCTION OF CELLULAR  
DAMAGE IN TISSUE THAT HAS  
SUFFERED FROM OR IS SUFFERING  
FROM HYPOXIA AND/OR ISCHAEMIA  
AND/OR INFLAMMATION

**Examiner:** J. Galvez

**Group Art Unit:** 1647

**Attorney Docket No.:** 2183-6141US

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail on the date of deposit shown below with sufficient postage and in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

September 7, 2005  
Date

  
Signature

Aubry Blackburn  
Name (Type/Print)

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

09/12/2005 SDENB0B1 00000016 201469 10678957  
01 FC:1202 150.00 DA  
02 FC:1201 200.00 DA

Sir:

Responsive to the Office Action of June 7, 2005, please amend the claims and drawings as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** appear on page 6 of this paper and include both an attached replacement sheets and an annotated sheets showing changes.

**Remarks** begin on page 7 of this paper.

An **Appendix** including amended drawing figures is attached following page 15 of this paper.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 350.00)

**Complete if Known**

Application Number	10/678,957
Filing Date	10/3/2003
First Named Inventor	Veldhuis et al.
Examiner Name	J. Galvez
Art Unit	1647
Attorney Docket No.	2183-6141US

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
24	-20 or HP= 3	x 50 = 150.00
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
7	- 3 or HP= 1	x 200 = 200.00
HP = highest number of independent claims paid for, if greater than 3.		
<b>Multiple Dependent Claims</b>		
<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

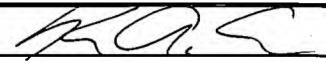
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	=	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	55,911	Telephone	801-532-1922
Name (Print/Type)	Kelly A. Echols	Date	September 7, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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